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ABSTRACT

The System of Multicultural Pluralistic Assessment (SOMPA) is designed for use in a culturally diverse society. The system was developed on 700 English-speaking caucasian children (hereafter called Anglos) from the anglo core culture, 700 black children, and 700 Latino Children (90 percent were of Mexican-American heritage) five through eleven years of age. The SOMPA is a system of assessment which triangulates the evaluation process. It looks at the child through a Medical Model and screens for possible anomalies indicated by the Health History, performance on the physical Dexterity Battery, or tests of Vision or Hearing. Using a Social System Model. It looks at the child's performances in family roles, nonacademic school roles, peer group roles, community roles, earner/consumer roles, self-maintenance roles, and academic school roles. Using a Puralistic Model, it evaluates the child's performance relative to others from the same sociocultural background and makes inferences about the child's Estimated Learning Potential. Through this process, it is hoped that the non-anglo child whose potential may be masked by the distance between the child's location in sociocultural space and the culture of the school will be identified. (Author/JM)

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Cultural Diversity, Mental Retardation, and Assessment:

The Case for Nonlabeling

by

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The identification of the mentally retarded through psychological assessment faces both conceptual and technical difficulties in culturally diverse societies. These difficulties are particularly acute in the assessment of organically intact persons who are not members of the dominant cultural group in the society. There are two basic conceptualizations of the society which can guide the assessment process: the conformity model of society and the pluralistic model of society. Figure 1 presents diagrams which depict these two concepts of society.

The Conformity Model of Society visualizes the social order as consisting of one cultural tradition, that of the politically and economically most powerful group. The language, institutions, history, values, and life style of the dominant group are perpetuated through public education as a matter of public policy. Instruction is in the language of the most powerful group. The goal of public education is to acculturate the children of minority groups to the language and culture of the dominant cultural group and to wean them away from the language and culture of their parents. The implicit goal of public education is to produce monolingual, monocultural citizens acculturated to the dominant tradition. As shown in Figure 1-A, the conformity model assumes that non-dominant cultural groups, shown as the broken circles A, B, C, will acculturate and eventually disappear in the dominant culture.

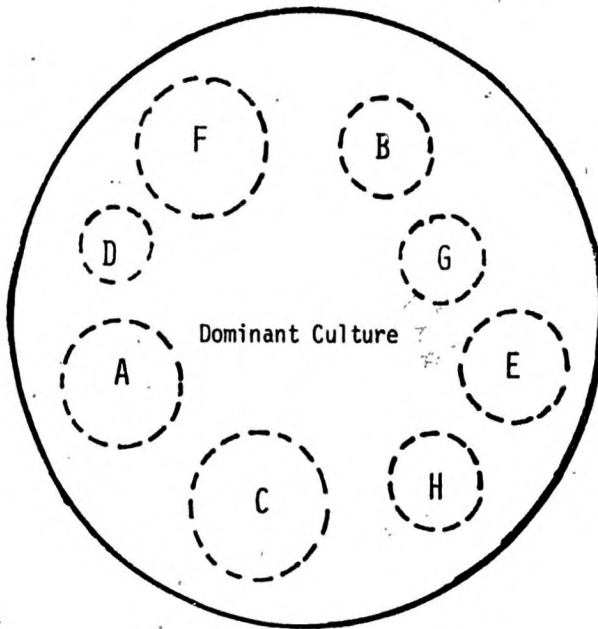
The United States of America is an example of a culturally diverse society in which public policy has been based on a conformity model. The dominant group in the society for 300 years has been the English-speaking Caucasians, carriers of the English cultural tradition. The dominant anglo group has adopted a policy of anglicization in which public education has perpetuated the English language and the anglo cultural traditions with the clear intent of "Americanizing" the children of migrant parents.

Insert Figure 1 About Here

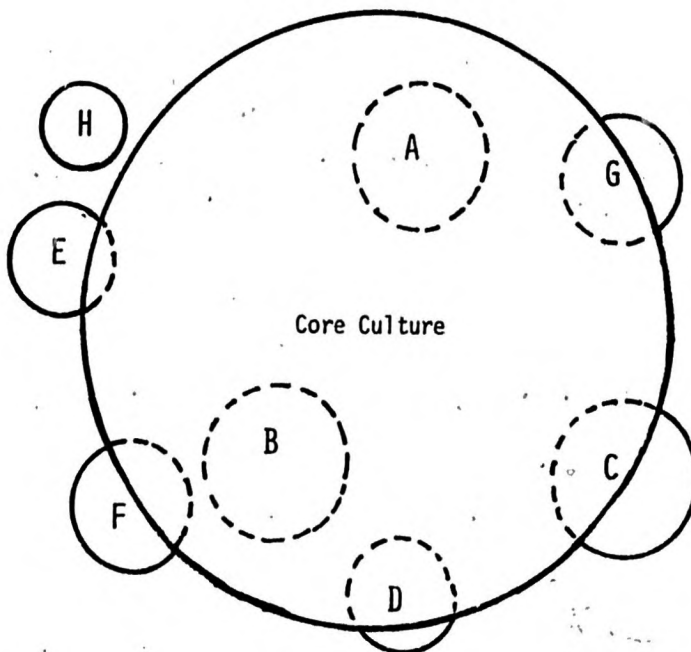
Figure 1

TWO MODELS OF A CULTURALLY DIVERSE SOCIETY

A: Conformity Model



B: Pluralistic Model



When the conformity model of society is the basis for public policy, assessment practices become part of the societal mechanism for enforcing and legitimating cultural conformity. Standardized tests are designed to predict success in the monolingual and monocultural public schools. Tests are written in the language of the dominant culture, and test content is specific to that culture. A single normative framework is used to judge the quality of performance. Consequently, a child from the nondominant culture is compared with those of the dominant culture. Because s/he does not participate fully in the dominant culture, the average child from a minority group is likely to perform less well than a child being reared in the dominant culture. However, cultural conformists argue that the tests are "valid" because they predict accurately that children from minority backgrounds will perform more poorly in academic roles in school (Cleary, et al., 1975). Historically, the monocultural framework has led to the belief that "achievement" tests and so-called "intelligence" tests tap psychologically distinct dimensions (Jensen, 1971; Eysenck, 1971), although this position recently has been abandoned by representatives of the American Psychological Association (Wesman, 1968; Cleary, et al., 1975). The cultural conformity model also fosters the confusion of "prognosis" in psychological assessment with "diagnosis." Tests, designed as prognostic measures to predict future performance in the role of student, have been interpreted as if they yield diagnostic information on the etiology of the child's performance.

Testing based on a conformity model of society restricts the educational opportunities of minority children by assigning disproportionately large numbers to classes for the mentally retarded and disproportionately small numbers to classes for the gifted (Mercer, 1973). It results in greater stigmatization of minority children through placement in programs for subnormals. It has resulted in unidimensional assessment which has not credited the child for the

ability to cope with complex social roles outside of school in the family, community, and peer group. It devalues nondominant cultural traditions.

A pluralistic model of society visualizes the social order as characterized by cultural and structural pluralism. Figure 1-B pictures some of the complexities of the pluralistic model. It sees the culturally diverse society as organized around a core culture which consists of the common language(s) and the basic political and economic institutions which hold the society together. Various cultural groups have varying relations to the core culture. Some groups have been both culturally and structurally absorbed, such as the German Protestants, the Scotch-Irish, and the Scandinavians in the United States. Other groups have been acculturated to the core culture but have maintained sufficient structural separatism through religious and communal organizations to remain identifiable. These groups are depicted by the dotted circles within the core culture. Irish Catholics and Jews would be examples of such groups in the United States. Still other groups span the boundaries of the core culture, as indicated by circles C, D, E, F, and G. Some members of these groups are acculturated to the core culture, while other members are varying sociocultural distances from the core culture. Some members may be recent migrants who do not even speak the language of the core culture and share none of its values, beliefs, or behaviors. Examples of such heterogeneous groups in the United States would be Mexican-Americans, Puerto-Ricans, blacks, and Asians. Other groups, depicted by circle H, may still remain totally outside the core culture.

The ideology of cultural democracy (Ramírez and Castañeda, 1974) supports the maintenance of cultural pluralism. Unlike the ideology of conformity, cultural democracy regards all languages and cultures as having equivalent value. It supports the perpetuation of minority languages and cultures in the public schools as a matter of public policy, as well as the perpetuation of the core culture. It advocates educational alternative within the public schools so

that children have the option of participating in bilingual and multicultural educational programs. It sees the goal of public education as being the development of bilingual, bicultural, and bicultural children who can operate effectively in the core culture and in one or more other linguistic and cultural systems.

When a pluralistic model of society forms the basis for developing an assessment system, conformity to the expectations of a monocultural school will not suffice as the basis for validating test instruments. Definitions of validity will need to be broadened to include performance in nonschool social roles. Test language and test content will be multilingual and multicultural. Multiple normative frameworks rather than a single norm will be needed so that a child's performance can be compared not only with that of the core culture but with that of other children from a sociocultural background similar to that of the child's. Multicultural tests would make it abundantly clear that all tests measure behavior learned in a sociocultural setting. Hence, all tests are achievement tests and no test is a direct measure of "innate ability." There would be a clear separation of prognostic information which predicts to role performance in a particular social system and diagnostic information which seeks to explain the cause or etiology of a particular performance.

The System of Multicultural Pluralistic Assessment (SOMPA) is designed for use in a culturally diverse society. It assumes a pluralistic model of society and seeks to implement the goals of cultural democracy. The system was developed on 700 English-speaking caucasian children (hereafter called anglos) from the anglo core culture, 700 black children, and 700 Latino children (90% were of Mexican-American heritage), 5 through 11 years of age. Each ethnic sample represents the population of children attending the public schools of California from that ethnic group in 1972.

SOMPA is based on three conceptual models: the medical model, the social system model, and the pluralistic model. Each model is based on a different

definition of the nature of abnormality and a different set of assumptions.

The Medical Model was developed in medicine to understand biological malfunctioning and disease processes, such as measles, tuberculosis, or rheumatic fever. Although it is a powerful conceptual tool for explaining and controlling biologically based illnesses, attempts to use a medical model to explain nonmedical phenomena have been the source of much confusion in behavioral assessment.

The medical model identifies biological pathology through specifying symptoms. Since pathologies are defined by their symptoms, this model has also been called a deficit model. "Normal" remains a residual, undefined category consisting of those persons who do not have biological symptoms. This model assumes that pathological symptoms are caused by a biological condition. Because the biological organism of the human species is similar for all members of the species, socio-cultural factors are not relevant to diagnosis when using a medical model. Tuberculosis can be diagnosed without knowing what language the patient speaks or the nature of his or her cultural heritage. Pathology is viewed as a characteristic of the organism of the person being diagnosed. When using a medical model, we say that a person "is" tubercular or "has" the measles. Cause-and-effect reasoning is appropriate in this model because the tendency is to seek biological causes for observed symptoms. Finally, within a medical model, a pathology can exist, unrecognized and undiagnosed. For example, a person could have tuberculosis and not be aware that he or she was ill. Thus, within a medical model, it makes sense to do epidemiologies in which the investigator seeks out hidden or undiagnosed illnesses by screening a sample population for tuberculosis, high blood pressure, cancer, or other biological conditions.

Since the medical model focuses on pathologies, measures operating from a medical model focus on deficits. Measures operating from this model tend to count or enumerate the pathological signs and to differentiate cases in the negative tail of the distribution. However, there is little differentiation among

those diagnosed as "normal" because the normals consist of the large mass of persons who have no symptoms. The validity of measures operating from a medical model is determined by their correlation with other information about the biological organism. We would not expect to find high correlations with socio-cultural characteristics although there might be some elevation of the rate of pathology in those populations exposed to greater risk because of socioeconomic conditions or limited access to adequate health care facilities. Scores on tests for individual persons within a medical model can be interpreted without reference to their cultural background. They are not culture bound.

Six measures in the SCMPA meet the assumptions of the medical model: the Physical Dexterity Tasks, the Bender-Gestalt Test, the Health History Inventory, visual acuity, auditory acuity, and the weight-by-height ratio. We do not list any "intelligence" or "aptitude" or "achievement" tests as measures which meet the assumptions of a medical model. They cannot be interpreted from a strictly medical framework.

The Social System Model is derived from sociology rather than medicine. Sometimes called the social deviance model, it defines abnormality as behavior which violates social system norms. Thus, there are multiple definitions of normal. Each role in each social system has its own set of expectations. For example, the behavior expected of a child who is playing first base on the softball team differs from that expected of the same child when playing the role of clarinetist in the band, which in turn differs from the behavior expected when playing the role of student in the sixth grade social studies class. To judge whether a particular set of behaviors is "normal" or "abnormal" requires four kinds of information. We must know the system in which the child is functioning, the role the child is playing in the system at the time the judgment is being made about his or her behavior, the expectations which others in the system have for behavior of persons playing that role, and information on the actual behavior of the child.

Norms for social systems are determined by political processes within the system. The dominant group in a system establishes the rules which govern behavior for various social roles. Present assessment tools are focused on a single role in a single social system: the role of student in the public schools. The norms which say that a successful student in the public school of the United States speaks standard English and has a knowledge of the anglo core culture were established by the politically dominant group. Such expectations make "deviants" of those who do not belong to the dominant culture.

The social system model has seven characteristics. It is a multidimensional model. There are norms for each role in each social system. It is an evaluative model: the values of the most powerful groups are enforced. Definitions of behavior are both role bound and system bound. It is necessary to specify both the role and the system within which the assessment is being made. It is both a deficit and an asset model because both the poor performers and the outstanding performers in various social roles can be identified. Consequently, test scores within a social deviance model form a normal distribution rather than truncated distributions such as are found in the medical model. Social deviance is a judgment about specific behavior. Hence, it is not appropriate to think in terms of deviance residing "in" the child nor to think of deviance as existing "undiagnosed." Since the political process defines what behavior is deviant, cause-and-effect reasoning is inappropriate when operating from a social system perspective.

Scores for social deviance measures form a normal distribution because there is a full range of differentiation. Measures assess competencies as well as deficits. Because scores should reflect social system norms, the validity of a measure, within a social system model, is determined by the extent to which scores on the measurement correlate with independent judgments of the person's behavior made by members of the system.

The Wechsler Intelligence Scale for Children-Revised (WISC-R), which is used in the SOMPA, is a social system measure. It identifies which children are likely to meet the expectations for the role of student. Hence, it is a measure of scholastic functioning level in the public schools as they are now constituted. The validity of the WISC-R and similar measures has been established by correlating scores on the test with teacher judgments, teacher grades, or some other measure of scholastic success. Scores on measures operating from a social system model relate to a specific role in a specific social system and should not be generalized beyond that role.

The Adaptive Behavior Inventory for Children (ABIC), which is also part of the SOMPA, is likewise a social system measure. It is designed to measure the child's role behavior in the family, community, peer group, nonacademic school roles, self-maintenance, and earner-consumer roles from the viewpoint of the family.

The Pluralistic Model is a third model used in the SOMPA. It has a different definition of "normal" and a different set of assumptions from those of the medical or social system models. The initial idea for the pluralistic model developed during our earlier studies of the labeling of the mentally retarded in the community (Mercer, 1973). During that study, it was clear that psychologists believed that the scores on so-called measures of "intelligence" indicated something about the child's ability or aptitude in general. They were not limiting their interpretations entirely to predictions about scholastic performance. We theorized that it might be possible to make inferences about a child's learning potential if certain assumptions were rigorously observed: (1) that children whose performances are compared have had similar opportunities to learn the materials and acquire the skills covered in the test; (2) have been similarly motivated by the significant other persons in their lives to learn this material and acquire these skills; (3) have had similar experience with taking tests; (4) have no emotional disturbances or anxieties interfering with test performance; and (5) have

no sensory-motor disabilities interfering with prior learning or with the child's ability to respond in the test situation. When these factors are held constant, the pluralistic model assumes that the child who has learned the most probably has the most "learning potential" (Mercer, 1973, chapter 16). If a child's sociocultural background influences his/her opportunity to learn, motivation to learn, and test-taking experience, we reasoned that controlling for the child's sociocultural background would hold these three factors relatively constant. In a pluralistic model, "normal" is defined as performance near the average for children who are from similar sociocultural backgrounds.

We have used multiple regression equations to estimate the "average" performance for children from differing ethnic, sociocultural, and socioeconomic backgrounds. We have developed four sociocultural scales: Urban Acculturation, Socioeconomic Status, Family Structure, and Family Size to measure background characteristics. Table 1 presents the nine sociocultural factors which make up the four sociocultural scales and the weight which is given each factor in calculating a child's raw score on each scale. These scales locate the child in the sociocultural space of American society, as depicted in Figure 1-B. The four scores for the child's background are substituted into the multiple regression equations for his/her ethnic group, and the estimated average score for the group is calculated. The score for a particular child is then compared with the average for others from precisely the same sociocultural and socioeconomic background. The adjusted score is interpreted as the child's "Estimated Learning Potential."

Insert Table 1 About Here

A pluralistic model assumes that "subnormal" is a test score which is low when compared to the child's own sociocultural group. It assumes that all psychological tests measure learned behavior and that children from similar sociocultural settings are roughly similar in the opportunity to learn, the motiva-

Table 1

The Nine Sociocultural Factors which Were Combined
To Form the Four Sociocultural Modalities: SOMPA

Sociocultural Modality	Original Factor	Weight	Raw Score Range
Urban Acculturation	Anglization	6	0-88
	Sense of Efficacy	2	
	Community Participation	2	
	Urbanization	1	
Socioeconomic Status	Occupation of Head of Household	1	0-12
	Source of Income	1	
Family Structure	Marital Status	4	0-18
	Relationship of Child to Parents	3	
Family Size	Family Size	1	0-30 ^a

^aA high score on Urban Acculturation, Socioeconomic Status, and Family Structure characterizes families which are more like the dominant Anglo culture, while a high score on Family Size characterizes families which are less like the dominant Anglo culture.

tion to learn, and test experience. Emotionally disturbed or physically disabled children are detected by other measures. The pluralistic model has as many distributions as there are possible combinations of the four sociocultural scales. It is evaluative. It assumes high potential is better than low potential. It is completely culture bound. Scores reveal the child's relative rank among children from similar sociocultural backgrounds. It is primarily an "asset" model. In actual practice, scores of non-anglo children are modified primarily in a positive direction.

The pluralistic model assumes that "learning potential" is an attribute of the child and that scholastic potential can exist, unrecognized, because the child's potential is masked by the cultural distance between the child and the culture of the school. Table 2 presents the distribution of Estimated Learning Potential for the children in our sample. The ELP is completely normalized for all groups.

Insert Table 2 About Here

The SOMPA is a system of assessment which triangulates the evaluation process. It looks at the child through a Medical Model and screens for possible biological anomalies indicated by the Health History, performance on the Physical Dexterity Battery, or tests of Vision or Hearing. Using a Social System Model, it looks at the child's performances in family roles, peer group roles, community roles, earner/consumer roles, self-maintenance roles, nonacademic school roles, and academic school roles. Using a Pluralistic Model, it evaluates the child's performance relative to others from the same sociocultural background and makes inferences about the child's Estimated Learning Potential. Through this process, we hope to identify the non-anglo child whose potential may be masked by the distance between the child's location in sociocultural space and the culture of the school.

Table 2
Percent Distribution of Estimated Learning Potential (ELP)
for WISC-R Verbal, Performance, and Full Scale Scores for
Black, Chicano/Latino, and Anglo children, 6 through 11 years

ELP	Verbal			Performance			Full Scale		
	Black	Chicano/ Latino	Anglo	Black	Chicano/ Latino	Anglo	Black	Chicano/ Latino	Anglo
	%	%	%	%	%	%	%	%	%
50 - 54			.16	.21	.37	.33		.19	
55 - 59		.19	.33	.21	.55	.50	.22		.66
60 - 64	.43	.76	.82			.33		.77	.50
65 - 69	1.52	1.14	.98	.87	1.47	.99	1.09	2.88	.50
70 - 74	1.95	3.43	2.45	1.96	3.33	1.98	2.84	1.73	1.99
75 - 79	4.55	4.00	4.25	5.43	2.95	3.63	5.02	3.84	5.13
80 - 84	8.87	6.86	6.37	7.39	5.73	4.95	5.46	5.37	5.96
85 - 89	9.09	9.52	9.80	7.60	9.61	9.90	11.57	9.98	9.27
90 - 94	11.26	11.62	10.13	11.52	13.12	13.37	10.04	13.44	11.59
95 - 99	13.85	14.48	13.24	12.82	12.01	13.70	15.28	14.01	11.59
100 - 104	11.47	10.67	14.54	14.78	11.28	11.72	10.04	9.98	15.89
105 - 109	11.26	12.57	13.07	9.34	13.31	13.53	13.76	11.71	10.60
110 - 114	10.17	9.52	8.50	9.78	10.54	8.58	8.08	10.75	10.93
115 - 119	7.36	7.43	7.03	8.48	7.02	5.94	6.99	7.87	5.63
120 - 124	3.03	4.76	3.43	4.13	4.44	5.61	4.15	3.26	5.13
125 - 129	1.95	2.10	2.78	2.60	2.40	1.98	3.28	2.11	2.32
130 - 134	1.08	.38	.65	1.96	1.29	1.49	1.09	1.34	.66
135 - 139	.87	.38	.65	.87	.55	.82	.22	.58	.66
140 - 144	1.30	.19	.49			.33	.66		.66
145 - 149			.16			.33	.22	.19	.33
150 - 154			.16						
Total N	462	525	612	460	541	606	458	521	604
Mean	99.54	98.99	99.60	100.22	99.65	100.19	99.77	99.21	100.65
S. D.	15.20	14.62	15.08	14.92	14.94	15.00	14.94	15.02	15.21

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